

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service (DOS) 01/10/02?
  - b. The request was received on 05/03/02

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/15/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/15/02. The response from the insurance carrier was received in the Division on 07/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: none submitted
2. Respondent: The service billed is not adequately documented.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 01/10/02.
2. The carrier's EOB has the denial: "N – Not Documented, Upon review, documentation as submitted does not support the level of service(s) billed.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
01/10/02	99213	\$48.00	\$0.00	N	\$48.00	MFG, E/MGR (IV)(C)(2), CPT descriptor	The CPT descriptor states, "Office or other out patient visit for the evaluation and management of an established patient, which requires at least two of these key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity...Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family." A review of the 01/10/02 medical documentation finds that it adequately meets the requirements of the CPT descriptor for the level of service billed. Therefore, reimbursement of <b>\$48.00</b> is recommended.
<b>Totals</b>		\$48.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$48.00.

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$48.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16<sup>th</sup> day of October 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division